SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart.

Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

OCT 15 2021

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co.

Permit #:	21-039/
Date:	11-30-2021
Amount Paid:	\$175.00
Refund:	JIG.

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TYPE OF PERMIT I	REQUES	TED-	☐ LANI	D USE	□ SAN	IITAR	Y 🗆	PRIVY	COL	NDITIONA	AL U	SE SPEC	CIAL	USE	□ B.	.O.A.		OTHE	R
Owner's Name:						Maili	Mailing Address: City/State/Zip:						Т	elepho	one:				
STATE STORE TO							7 Varial Add Les Trops						~	715 682-2350					
Address of Property: City							7 Victoria La Ashland, WT 54806 City/State/Zip:								ell Pho				
66A25 FR276																			
Contractor:	rk.	CL L				<u>Ma</u>	ractor P		<u> </u>	50	48	356							7049
Contractor.						Conti	ractor P	none:	Plumb	er:						P	Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Age							t Phone	· ·	Agent	Mailing Ad	Idroc	s (include City/	State	/7in\.		٠,	Muithou	A	rization
									<i>r</i> igent	mannig Au	iuics	s (merade city)	Jule	Zip).			ttache		rization
																	Yes		
PROJECT	Lega	l Descrip	tion: (Use T	ax Staten	nent)	Tax ID)# (4-5 d	ligits)	21	177	-		Reco	rded D	eed (i.e	e. # ass	signed l	y Regis	ter of Deeds)
LOCATION					,					123	1		Docu	ıment #	20	021		R5	9977
NE_1/4,	SE	1/4	Gov't	Lot	Lot(s)	CS	SM	Vol & Page		Lot(s) No).	Block(s) No.	Sub	divisio	n:				
		/ -																	
Santian)	u.	F - - - - - - -	47,		7			Town of:					Lot	Size		-	Acre	age	
Section	7,	ownsnip	<u> </u>	N, Range ₋		_ W		Ke	v 577	sne							_	0	
Aller of the transfer of the													_				-	\sim	
	Cree	Property k or Land	/Land withir dward side o	1 300 fee	t of Rive			cl. Intermittent)		tance Stru	ictur	e is from Sho			Is P	roper	ty in	Are	e Wetlands
☐ Shoreland —	-								` =					eet			Zone?		Present?
	□ IS I	roperty	/Land withir	1000 te	et of Lak			owage ntinue —		tance Stru	ictur	e is from Sho				☐ Ye			Yes
1	10					ii y	/63	munue —	· —				1	eet	F-S	No			₽No
Non-Shoreland																			
Value at Time					la de la	Tarrer 1					- 11		y 11/2 y						
of Completion				2 2 2						# What Type of									
* include		Proje	ct		f Storie			Use		of	1.15	Sew			y Syst	tem			Water
donated time &				anujo	r basen	ient			be	drooms					perty				
material	□ NI-				Vicely		il tensor						Mey.					Y 1	
-		w Const		☐ 1-S				easonal		_		☐ Municipal/City					☐ City		
\$			lteration		tory + L	.oft		ear Round	-			(,,							Well
- 70,900		iversion			tory					3		Sanitary (Ex) =
Assessed		ocate (e: 1 a Busii	xisting bldg)		ement							, ()				min 2	00 gal	lon)	
7,5		ı a busıı perty	ness on		Basem	(0,0,0,0)	-			None		Portable (w		ice con	tract)				
		STR		☐ Fou	ındatio	n						Compost To	oilet						
	A -											None							
Existing Structure	e: (if pe	rmit beir	ng applied fo	r is releva	ant to it)		Leng	th:	44.14	ndige o	W	idth:		41470	Carlo.	Heig	ht:		
Proposed Constr		dadi.					Leng		24		-	idth: 3 3				Heig	diam'r.	18	
									7										
Proposed Us	e	1					Propo	sed Struct	ure					Di	mens	ions		S	quare
			Dulm -t 1	CAure	- 15:												344	Fo	otage
								n property)					(Х)		
			Residence	2000		nting :	shack,	etc.)						(Х)		
with Loft														(Х)		

Proposed Use	1	Proposed Structure		Dimensions	Square Footage
		Principal Structure (first structure on property)	(х)	
,,		Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(х)	
Residential Use		with a Porch	(X)	
		with (2 nd) Porch	(х)	
		with a Deck	(X)	
		with (2 nd) Deck	(х)	
☐ Commercial Use		with Attached Garage	(Х)	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	(Х)	
		Mobile Home (manufactured date)	(Х)	
☐ Municipal Use		Addition/Alteration (specify)	(Х)	
		Accessory Building (specify)	(х)	
		Accessory Building Addition/Alteration (specify)	(Х)	
-		m thair and the second			
	X	Special Use: (explain) Short - term Rental	(34 × 32)	1088
1		Conditional Use: (explain)	(X)	
		Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

above described property at any reasonable time for the purpose of inspection.	
Owner(s): Scattle Scattle Bonnie Deced All Owners must sign or letter(s) of authorization must accompany this application)	Date 8/25/2021
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	Date
Address to send permit 7 Victoria La, Ashland WT 54806 If you recently purchased	Attach Copy of Tax Statement the property send your Recorded Deed

In the box below: Draw or Sketch your Property (regardless of what you are applying for) **Show Location of: Proposed Construction** (2) Show / Indicate: North (N) on Plot Plan (3)Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road) (4) Show: All Existing Structures on your Property (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20% (7)Show any (*): Please complete (1) – (7) above (prior to continuing) Changes in plans must be approved by the Planning & Zoning Dept. (8) Setbacks: (measured to the closest point)

Description	Measureme	ent	Description	Measure	ment
Setback from the Centerline of Platted Road	703	Feet	Setback from the Lake (ordinary high-water mark)		Feet
Setback from the Established Right-of-Way	670	Feet	Setback from the River, Stream, Creek	Feet	
			Setback from the Bank or Bluff		Feet
Setback from the North Lot Line	190	Feet			
Setback from the South Lot Line	775	Feet	Setback from Wetland	400	Feet
Setback from the West Lot Line	595	Feet	20% Slope Area on property	Yes	No
Setback from the East Lot Line	703	Feet	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	10	Feet	 Setback to Well	20	Feet
Setback to Drain Field	30	Feet			
Setback to Privy (Portable, Composting)		Feet			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	71583	# of bedrooms:	Sanitary Date: 6-30-92					
Permit Denied (Date):	Reason for Denial:								
Permit #: 21-039/	Permit Date: /- 30-	3021	1 11						
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Record Yes (Fused/Contigue) Yes Yes	ous Lot(s))	Mitigation Required Mitigation Attached	Yes No	Affidavit Required Affidavit Attached					
Granted by Variance (B.O.A.) ☐ Case #:		Previously Granted b ☐ Yes ☐ No	y Variance (B.O.A.)	e #:					
		Were Property Lines Represented by Owner Was Property Surveyed Wes — No							
Inspection Record: Existing Residure	r - beobox	L STR.	, 10 No.	Zoning District (A6 ') Lakes Classification ()					
Date of Inspection:	Inspected by:	el Donos	1	Date of Re-Inspection:					
Condition(s): Town, Committee or Board Conditions Attac	ched? Tyes No - (If	No they need to be att	ached.)						
Mist obtain a Torrist Ro	on Housom 1:	conse from	. the Bayfrels	d County thratth					
Deportment prior to re	nong, Rent	tal allows	1 for a 2	- bedroom per					
Mist obtain a Torrist Room Housing I cause from the Bayfield worly thealth Deportment prior to renting, Rental allowed for a 2-bedroom per Septic system sizing.									
Signature of Inspector:	wood			Date of Approval:					
Hold For Sanitary: 🗆 Hold For TBA: 🔾	Hold For Affic	davit: 🗌	Hold For Fees:						

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138

Fax - (715) 373-0114

e-mail: zoning@bayfieldcounty.org

Website: www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

OCT 15 2021

Bayfield Co.
Planning and Zening Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 ½ x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Scott Steamann Contr	notes.
Property Address 6662 5 FR 236 Author	actor
	's Telephone
Telephone 7/5 209 7049 Writte	n Authorization Attached: Yes () No ()
Accurate Legal Description involved in this request (specify only the	property involved with this application)
SE 1/4 of NE 1/4, Section 24 , Township 47 N., Rar	ge 7 W. Town of Keystone
Govt. LotLot Block Subdivision	
Volume Page of Deeds Tax I.D#	Acreage
Additional Legal Description:	
Applicant: (State what you are asking for) Zoning District: _	
Short Term rental Accommod	
We, the Town Board, TOWN OF Key STONG	, do hereby recommend to
☐ Table ☐ Approval	☐ Disapproval
Have you reviewed this for Compatibility with the Comprehens	
Township: (In detail clearly state Town Board's reason for recomm	
Township: (In detail clearly state Town Board's reason for recomm	endation of tabling, approval or disapproval) Signed:
Township: (In detail clearly state Town Board's reason for recommendation of the state of the st	Signed: Chairman:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval	Signed: Chairman: Supervisor:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax	endation of tabling, approval or disapproval) Signed: Chairman:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax ** NOTE:	Signed: Chairman: Supervisor:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax ** NOTE: Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your	Signed: Chairman: Supervisor: Supervisor:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disapproval 3. The form returned to Zoning Department not a copy or fax ** NOTE: Receiving Town Board approval, does not allow the start	Signed: Chairman: Supervisor: Supervisor: Supervisor:

Bayfield County, WI



Real Estate Bayfield County Property Listing

Today's Date: 11/22/2021

Property Status: Current

Created On: 3/15/2006 1:15:41 PM

Updated: 7/17/2006

Tax ID: 22237

PIN:

Description

04-028-2-47-07-24-4 01-000-10000

Legacy PIN:

Map ID:

Municipality:

(028) TOWN OF KEYSTONE

STR: Description: S24 T47N R07W PAR IN NE SE IN V.924 P.815 395A IM

2005R-501145

028104908990

Recorded Acres: Calculated Acres: Lottery Claims:

30.000 30.213 0 Yes

First Dollar: Zoning:

(AG-1) Agricultural-1

ESN:

120

Tax Districts	Updated: 3/15/2006
1	STATE
04	COUNTY
028	TOWN OF KEYSTONE
020170	ASHLAND SCHOOL
001700	TECHNICAL COLLEGE

Recorded Documents

WARRANTY DEED Date Recorded: 7/28/2021 2021R-59977

CONVERSION

Date Recorded: 501145 463-351;924-815 Ownership

Updated: 9/22/2021

SCOTT O & BONNIE L STEGMANN

ASHLAND WI

MASON 54856

Billing Address: SCOTT O & BONNIE L STEGMANN 7 VICTORIA LN

Mailing Address: SCOTT O & BONNIE L **STEGMANN** 7 VICTORIA LN ASHLAND WI 54806

Site Address

ASHLAND WI 54806

* indicates Private Road 66625 FR 236

Property Assessment	Updated: 6/11/2021					
2021 Assessment Detail			keramanan jarahan esa tidi seriasian asimenen paga			
Code	Acres	Land	Imp.			
G1-RESIDENTIAL	2.000	6,500	70,900			
G6-PRODUCTIVE FOREST	28.000	36,400	0			
2-Year Comparison	2020	2021	Change			
Land:	42,900	42,900	0.0%			
Improved:	70,900	70,900	0.0%			
Total:	113,800	113,800	0.0%			



Updated: 3/15/2006

Property History

N/A

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL - (A) (Town of Keystone-10/15/2021)
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	2	21-0	391			Issue	d To:	Scott S	tegmann (I	Bonnie)					
Parcel Location		NE	1/4	of	SE	1/4	Section	n 24	Township	47	N.	Range	7	W.	Town of	Keystone
Gov't Lo	ot			l	_ot		E	Block	Sı	ıbdivisio	on				CSM#	
For: C): [Vlus	t ok	isclai otain	mer): a To	Any fut	oom Ho	sions or devel	nse fr	would om t	require ad he Bayf	dition:	al perm	nitting.	Dept. prior to
NOTE:					-		date of iss	uance if th	ne authorized c	onstruction	on			To	dd Norwo	ood
	work o						المحاد		والمالة والمالة المراجع والمالة		-1			Au	thorized Iss	uing Official
	_				•				/ithout obtaining ation informatio							
	to have	e bee	en mi	srepr	esente	d, erro	neous, or	incomplet	е.					No	ovember 3	80, 2021
							l if any pe ditions are		conditions are	not		-			Date	

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - 18-29S
SIGN SPECIAL - NA
CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

No: 10	0012102-2021	Tax ID: 21809		ISSUED TO: RAYNE J & LACY E EDINGER					
	ion: SW SW S OF HWY 2 LESS A ESC IN V.1095 P.383 98	Section 24	Township 47 N.	Range 06 W.	KEYSTONE				
Govt L	ot 0 Lot	Bloc	k	Subdivision:	CSM#				
For: Re	esidential / Detached Garage / 52	L x 26W x 16H							
	tion(s): Structure not for human h and maintain setbacks.	abitation/sleeping p	urposes. No pressurize	ed water or plumbing a	allowed inside structure. Must				
NOTE:	This permit expires one year fro		the authorized	Todo	d Norwood				
	Changes in plans or specification	-	· without	Authorized Issuing Official					
	obtaining approval. This permit application information is found	may be void or revok	ed if any of the	Mon Nov 01 2021 Date					
	erroneous, or incomplete.								
	This permit may be void or revol		ce conditions are						